

# Washington NURSING COMMISSION NEWS

SUMMER 2007 • VOLUME 1. Nº2. EDITION 2



SCOPE OF  
PRACTICE  
DECISION TREE

Page 20

A View From a  
Male Nurse

Page 8

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P.O. Box 47864

Olympia, WA 98504

Telephone: (360) 236-4700

FAX: (360) 236-4738

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Virginia Robertson, President  
vrobertson@pcipublishing.com  
14109 Taylor Loop Road  
Little Rock, AR 72223  
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Message from the Chair,  
Nursing Care Quality Care  
Commission (NCQAC) ... 4

Executive Director Article 6

Caring Enough to Become  
a Nurse ..... 8

Emergency Volunteer Registry  
for Health Professionals... 9

Complaints Received..... 10



Is There a Doctorate in  
Your Future? ..... 22

A View from a Male  
Nurse..... 24

Intervention Cuts Back  
on the Fumes ..... 26

Washington State Nursing  
Commission Approved  
Schools of Nursing. .... 27

ARNP Corner ..... 30

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SUMMER 2007 • VOLUME 1. N°2. ED. 2



Scope of Practice  
Decision Tree ..... 12

Grant Awards Announced . 15

Disciplinary Action ..... 16

Child Profile  
Immunization Registry.... 19

Administration of Botox  
and the Role of Licensed  
Nurses ..... 20

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<b>Executive Director</b>	Paula R. Meyer, MSN, RN
<b>Editor</b>	Terry J. West

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# Message from the Chair, Nursing Care Quality Care Commission (NCQAC)

BY JUDITH PERSONETT, ED.D., CNAA, RN

**CONGRATULATIONS TO ALL** of the newly graduated nurses of Washington State. Successful completion of the NCLEX® will open the doors to opportunities in the complex (but always exciting) field of nursing.

The most significant challenge you will face is in continued competence in your chosen profession. Your graduation day is a moment in the continuum of knowledge and skills that we know as nursing practice. Take the time to acquaint yourselves with the Nursing Practice Per 18.79 RCW and the Uniform Disciplinary Act Per 18.130 RCW.

I remember that as a brand new graduate, I was assigned to orient an "older" nurse who was returning to practice after an absence of a few years. She was assigned to take vital signs with me - temperature, pulse, respiration and blood pressure. Right? Wrong!

The "older" nurse had been taught in her nursing program that taking blood pressure was only done by a physician. Stethoscopes were rare and expensive pieces of equipment that were supplied by the hospital to each unit. Therefore, the stethoscope was shared by all the nurses on all tours of duty - ear to ear. Sponges used to clean the earpieces were cotton balls soaked in isopropyl alcohol since the prepackaged sponges were not yet invented.

During my career, I have provided education and leadership to many nurses. I work constantly to keep my skills and knowledge current. My continued competency is the foundation of my practice. It has moved me forward through the years. I keep copies of my evaluations, diplomas, certifications, publications, and continuing education. This portfolio of my professional life is one way for me to demonstrate my continued competency.

It is fun to look back to the moment when I graduated and see how dramatically my skills and knowledge have grown. A day will come when you and your classmates will talk about the changes you have seen in nursing practice, as well as the growth of your competency.

Congratulations again as you graduate and begin your nursing practice. The challenge of continued competency will be discussed in more detail as we, the members of the nursing commission, develop the concepts.

My best wishes to you,

Judith D. Personett, Ed.D., CNAA, RN  
Chair, Nursing Care Quality  
Assurance Commission

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# Executive Director Article

BY PAULA R. MEYER, MSN, RN, DEPARTMENT OF HEALTH

**AS I WAS WRITING THIS ARTICLE,** the legislative session was about to close. The next issue of *Washington Nursing Commission News* will include a summary of new legislation affecting nursing and regulation of health care providers in our state. Let me briefly review how to find the current laws and regulations affecting nursing.

As nurses, we value the nursing practice act. This is the set of laws and rules guiding the practice of nursing for all LPNs, RNs, and ARNPs and nursing technicians in Washington State. The legislature enacts the laws or the RCW (Revised Code of Washington). The laws for nurses are in Chapter 18.79 of the RCW. The legislature may direct another entity, often the secretary of health or the Nursing Care Quality Assurance Commission (NCQAC) to develop rules, or the WACs (Washington Administrative Code). The rules further define the intent of the law and give meaning to the scope and standards of practice. The WACs for nursing are in Title 246-840. All of the laws and rules are located on the Washington State Government web-site at <http://www.leg.wa.gov/LawsAndAgencyRules/>.

Two frequently asked questions at the Nursing Commission office are:

1. I want to know if \_\_\_\_\_ is in the scope of practice for LPNs, RNs or ARNPs. I can't find this in the Nursing Practice Act.
2. The Nursing Commission used to print and provide copies of the lawbooks with the laws and rules for nursing. Where can I find a printed copy of the nursing practice act?

The answer to the first question is described in the article *The Scope of Practice Decision Tree* on page 12. The Nursing Practice Act is written in very broad, flexible language. The practice of nursing changes rapidly according to changes in healthcare, the science of nursing and technology. If the Nursing Practice Act addressed every technique used by nursing, the act

would be outdated very quickly. Keeping the language broad allows the practice to respond to the rapid changes in health care and still sets limits on the practice.

The broad language in the Nursing Practice Act can be frustrating if you want an answer to a specific question. The commission adopted the Scope of Practice Decision Tree to ease some of the frustration and help nurses use published standards of nursing care. The Scope of Practice Decision Tree is described in this issue on page 12.

The answer to the second question is also related to the ever-changing practice of nursing. The laws and the rules can change every year and we want people to have access to the most current version of the Nursing Practice Act. While the printed books were very helpful, we now rely on the web for the most current version. You can find the most current version of the laws <http://apps.leg.wa.gov/RCW/default.aspx?cite=18.79>. You can find the most current rules at <http://apps.leg.wa.gov/WAC/default.aspx?cite=246-840>.

Nursing practice is precious to patients, other health care providers, and the profession. The laws and rules governing our practice exist to protect the public we serve and cherish. Future articles will address accountability and nursing standards and how these protect the public.

I want to thank you for the opportunity to share information in the *Washington Nursing Commission News*. The response to the first issue was very positive. Please take the survey on page 31 which will help us make decisions about future editions. I hope you find every issue full of information that will help you in your practice.

Paula R. Meyer, MSN, RN  
Executive Director

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# NURSING FROM A MAN'S PERSPECTIVE

WASHINGTON STATE HAS 72,690 LICENSED REGISTERED NURSES (RNS) AND 14,394 LICENSED PRACTICAL NURSES (LPNS). OF THOSE RNS, 6,315, OR NINE PERCENT, ARE MALE. OF THE LPNS, 1,699, OR 12 PERCENT, ARE MALE. THE NURSING COMMISSION THOUGHT YOU MIGHT FIND INTERESTING THE PERSPECTIVES OF TWO MEN PRACTICING IN TWO DIFFERENT SETTINGS.

## *Caring* ENOUGH TO BECOME A NURSE

BY ROBERT SALAS, RN

I remember quite vividly the day I told some college buddies that I had decided to go to nursing school. They were shocked. I had just graduated with a completely different degree and they had never heard me mention that I wanted to become a nurse. Yet, it was more than that. My friends thought nursing was a field mainly for women.

I talked about it with my mother, a registered nurse for 30 years. I realized that what mattered most was my desire to help others and achieve some level of satisfaction while doing it.

From previous research, I knew that more men were becoming nurses. I expected this trend to be evident in my nursing program. However, I realized on my first day of classes there were only three men in the entire program. At first I was slightly intimidated and began to wonder if the male students were going to be viewed as outcasts. However, after getting settled into my classes and meeting everyone through introductions, I became comfortable with everything: the assignments, my peers and the faculty. I now felt as

though both the students and the instructors were accepting of male nurses.

Now that I have been an RN for a few years, I am seeing more male nurses enter the field. In speaking with the few men working in our hospital, the majority decided to pursue nursing after a second or third career change. Some of the male nurses work on the different floors in the hospital: for example, medical-surgical, intensive care unit, and the emergency department. Others have chosen to work as a hospital supervisor or in management. Many other male nurses I know have sought work as traveling nurses where they are contracted to work in various locations and settings throughout the state or country. Yet others have chosen to work in school systems, public health departments, or in private practice after receiving advanced education.

Based on my personal experience as a male nurse, I am convinced that I could not have chosen a more enjoyable, satisfying, challenging, and rewarding career. The trusting rela-

tionships that I have with my female counterparts have been professional and respectful and I am more than comfortable consulting with my colleagues on any issues related to patient care.

**I REALIZED THAT WHAT MATTERED MOST WAS MY DESIRE TO HELP OTHERS AND ACHIEVE SOME LEVEL OF SATISFACTION WHILE DOING IT.**

So far, my experience as a male nurse has been a very positive one. From my observations, male nurses are regarded with respect and appreciation by their patients, colleagues, members of the health care team, and employers. Some patients might choose to have a female nurse to care for them and others a male nurse. To be a good nurse, regardless of gender, you must first want to be a nurse. You can then truly enjoy the primary purpose of becoming a nurse – that is to care! See page 24 for another male nurse story.



# EMERGENCY VOLUNTEER REGISTRY FOR HEALTH PROFESSIONALS

BY JOHN ERICKSON, DIRECTOR, PUBLIC HEALTH EMERGENCY PREPAREDNESS AND RESPONSE PROGRAM

The Washington State Department of Health is developing a new online system to allow health professionals to register to volunteer their services in advance of an emergency. The database known as WAHVE, for Washington Health Volunteers in Emergencies, will be part of a national system.

In the event of a disaster, volunteers will be asked to provide surge capacity in hospitals and clinics. Other roles could include distributing medications and vaccinations at emergency centers. Initially, the system will be used to register doctors, nurses and mental health professionals.

The winter 2007 edition of the Washington Nursing Commission News suggested the new system would be ready in January 2007. Unfortunately, technical issues have forced us to push this back to early fall 2007.

We thank each and every nurse who contacted us to sign up or could not find a registration link on our Web site. We apologize for the confusion. There is still a tremendous need for skilled medical professionals in our state during an emergency. We are working hard to get this new system up and running.

We have hired a new volunteer systems coordinator to help implement the system. Stakeholders, including representatives from emergency management and local health, are meeting monthly to provide feedback as we near our roll-out date.

To learn more about WAHVE, please contact either:

Scott Carlson, Department of Health Volunteer Systems Coordinator  
at 360-236-4086, email: [scott.carlson@doh.wa.gov](mailto:scott.carlson@doh.wa.gov) or

Verne Gibbs, WAHVE Project Manager, at 360-236-4620, email: [verne.gibbs@doh.wa.gov](mailto:verne.gibbs@doh.wa.gov)



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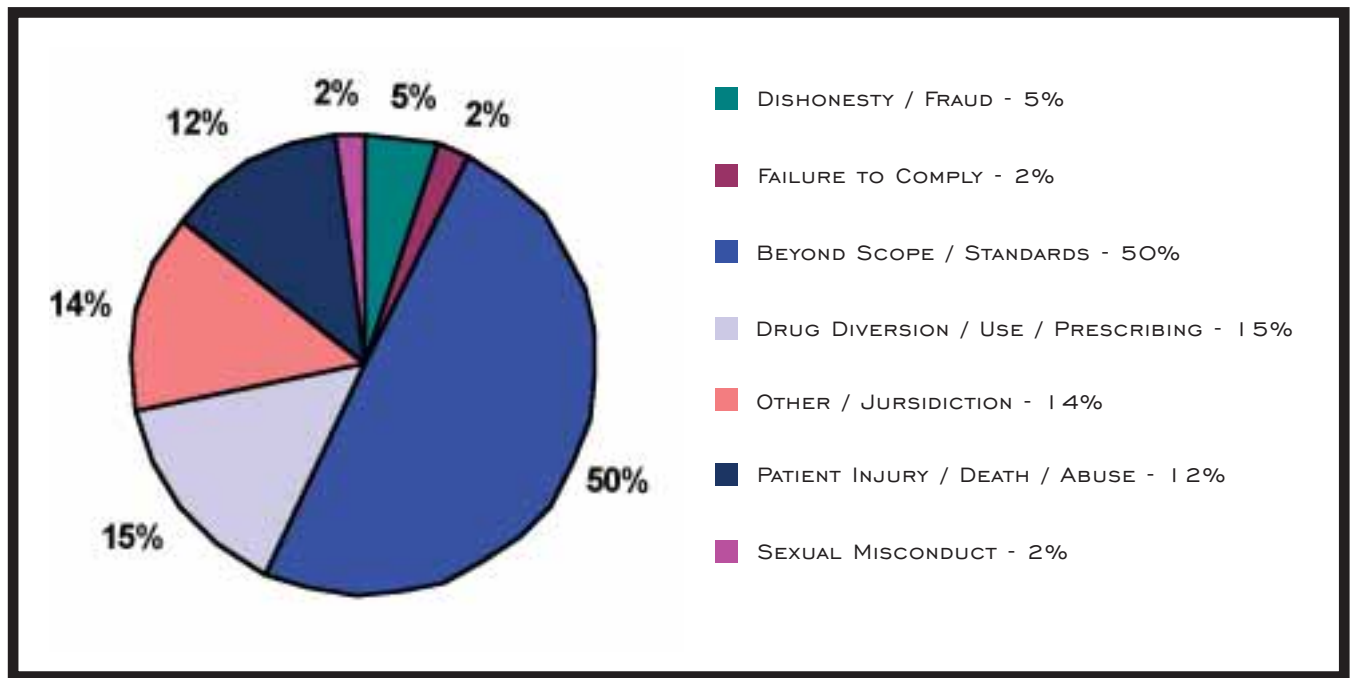
Phone: \_\_\_\_\_

# COMPLAINTS RECEIVED

THE NURSING COMMISSION RECEIVED 1,209 COMPLAINTS IN 2006 AS COMPARED TO 1,301 IN 2005. OF THESE, 688 INVOLVED REGISTERED NURSES AND 521 INVOLVED LICENSED PRACTICAL NURSES. COMPLAINTS ARE RECEIVED FROM THE PUBLIC, FACILITIES, LAW ENFORCEMENT AND STATE AGENCIES.

APPROXIMATELY 66% OF THESE COMPLAINTS WERE CLOSED BECAUSE THE COMMISSION DID NOT HAVE JURISDICTION OR THERE WAS NO VIOLATION OF A LAW. THE REST ARE IN VARIOUS STAGES OF REVIEW, INCLUDING INVESTIGATION, SETTLEMENT NEGOTIATION OR WAITING FOR A PUBLIC HEARING.

HERE IS A BREAKDOWN OF THE COMPLAINT CATEGORIES.



## LAW BOOKS

You may have noticed that printed law books have not been distributed in many years. Instead, the laws are available on the Nursing Commission's website and are current at all times. Printed law books can be out of date within months of printing because of annual legislative and occasional rule changes.

To find the latest statute or rule go to:  
<https://fortress.wa.gov/doh/hpqa1/hps6/Nursing/default.htm> select "Laws". You will have the ability to look up any statute or rule affecting nursing or any other profession. These statutes and rules are searchable by number or title.



## BY THE NUMBERS:

### ADVANCED REGISTERED NURSE PRACTITIONERS

THERE ARE CURRENTLY ALMOST 4,000 ACTIVE ADVANCED REGISTERED NURSE PRACTITIONERS IN WASHINGTON STATE. THE NURSING COMMISSION RECOGNIZES SPECIALTY AREAS. BELOW ARE THE NUMBERS OF LICENSEES IN EACH OF THE CURRENT CATEGORIES AND THE NUMBERS WITH PRESCRIPTIVE AUTHORITY.

ARNP SPECIALTY	ACTIVE WITH PRE-SCRIPTIVE AUTHORITY	ACTIVE WITHOUT PRE-SCRIPTIVE AUTHORITY	TOTAL
CERTIFIED REGISTERED NURSE ANESTHETIST	202	449	651
CERTIFIED NURSE MIDWIFE	305	7	312
ADULT NURSE PRACTITIONER	491	15	506
FAMILY NURSE PRACTITIONER	1,501	15	1,516
GERIATRIC NURSE PRACTITIONER	84	7	91
PEDIATRIC NURSE PRACTITIONER	209	12	221
PSYCHIATRIC NURSE PRACTITIONER	403	56	459
			<b>3,756</b>



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# SCOPE OF PRACTICE DECISION TREE

BY PAULA R. MEYER, MSN, RN

Many times you will question whether a new technique is within the scope of nursing practice. Some of you will go to the Nursing Practice Act to see if you can find the answer. Often, you will not be able to find the answer to a specific question. That is why the Nursing Care Quality Assurance Commission (NCQAC) adopted the Scope of Practice Decision Tree.

To use the decision tree, first review the standards of nursing conduct or practice and the functions of registered nurse and a licensed practical nurse. These are in the Washington Administrative Code (WAC) at <http://apps.leg.wa.gov/WAC/default.aspx?cite=246-840-700> and <http://apps.leg.wa.gov/WAC/default.aspx?cite=246-840-705>. These rules compare the RN and LPN roles according to the nursing process.

To begin, state your question. The full decision tree is on page 21. The first question asks if the act is expressly permitted or prohibited by the Nurse Practice Act for the license you hold.

As you go through the decision tree, the questions become more specific. The decision tree will guide you through a step-by-step process to review what is in nursing literature, and whether your peers are using certain techniques.

The last question asks, "Are you prepared to accept the consequences of your action?" Those consequences may include saving or risking harm to a patient. The decision tree will help you, as an individual or a group of nurses, decide the outcome of the final question.

Many people call the nursing commission office asking for advice. We will often first ask if you have reviewed the decision tree. You may want to ask your peers to review the decision tree with you and really talk about the technique or procedure before calling the office. While new procedures may be intimidating, they also help our profession develop. The decision tree asks the questions about review of the nursing literature, policies and procedures, and if there are accepted standards.

Use of the decision tree will help you grow as a nurse and professional. The use of professional journals and national standards aid in decision making. Talking with your peers and determining safe practice is rewarding and builds confidence in your practice.

The nursing commission uses the same process to make decisions. The commission reviews standards and procedures, nursing literature, and competencies. A policy statement the commission developed on Administration of Botox and the Role of Licensed Nurses is on page 20. The decision tree was used by members of the commission to complete this statement.

If you would like to review more statements, please go to <https://fortress.wa.gov/doh/hpqa1/hps6/Nursing/practice.htm>. If your question cannot be answered by use of the decision tree, you can ask the commission for an advisory opinion. Advisory opinions are very specific, and usually determine if a specific act is within the scope of practice at a specific facility or time. The decision tree is much more useful and will help you learn about nursing practice in a variety of settings and places.

## SCOPE OF PRACTICE DECISION TREE\*

\*ADOPTED BY PERMISSION OF THE NATIONAL COUNCIL OF STATE BOARDS OF NURSING

1. DESCRIBE THE ACT TO BE PERFORMED. REVIEW THE SCOPE OF PRACTICE FOR YOUR LICENSURE LEVEL:

**RN** - assessment, nursing diagnosis, setting goals, planning care strategies, implementing care, delegating care to qualified others, supervising, evaluating, teaching, managing care, maintaining client safety, collaborating with other health care

members.

**LPN** - contributing to assessment, participating in development of plan of care, implementing aspects of care as directed, maintaining client safety, participating in evaluating care, and delegating care to qualified others.

**ARNP** - assessing clients, synthesizing and analyzing data,

understanding and applying nursing principles at an advanced level; providing expert teaching and guidance; working effectively with clients, families and other member of the health care team; managing clients' physical and psycho-social health-illness status; utilizing research skills; analyzing multiple sources of data, identifying alternative possibilities as to the nature of a health care problem, and selecting appropriate treatment; making independent decisions in solving complex client care problems; performing acts of diagnosing, prescribing, administering and dispensing therapeutic measures; and recognizing limits of knowledge and experience, planning for situations beyond expertise, consulting with or referring to other health care providers as appropriate.

Is the act expressly permitted or prohibited by the Nurse Practice Act for the license you hold?

Unsure?	Within scope for your license?	Prohibited?
Go to #2	Go to #3	STOP

2. IS THE ACT CONSISTENT WITH AT LEAST ONE OF THE FOLLOWING STANDARDS?

- Nursing Commission standards of practice
- National Nursing organization standards of practice
- Nursing literature and research
- Reasonable, prudent nurse in similar circumstances

YES	NO
Go to #3	STOP Not within the Scope of Practice

3. DO YOU PERSONALLY POSSESS THE DEPTH AND BREADTH OF KNOWLEDGE TO PERFORM THE ACT SAFELY AND EFFECTIVELY, AS ACQUIRED IN A PRELICENSURE PROGRAM, POST-BASIC PROGRAM, CONTINUING EDUCATION PROGRAM OR STRUCTURED SELF-STUDY?

YES	NO
Go to #4	STOP Until Additional Knowledge Gained

4. DO YOU PERSONALLY POSSESS CURRENT CLINICAL SKILLS TO PERFORM THE ACT SAFELY?

YES	NO
Go to #5	STOP until Clinical Skills are Attained

5. IS THE PERFORMANCE OF THE ACT WITHIN THE ACCEPTED "STANDARD OF CARE" WHICH WOULD BE PROVIDED IN SIMILAR CIRCUMSTANCES BY REASONABLE AND PRUDENT NURSES WHO HAVE SIMILAR TRAINING AND EXPERIENCE AND CONSISTENT WITH APPROPRIATELY ESTABLISHED FACILITY/AGENCY POLICIES AND PROCEDURES?

YES	NO
Go to #6	STOP Performance of Act may place both patient/client and nurse at risk!

6. ARE YOU PREPARED TO ACCEPT THE CONSEQUENCES

OF YOUR ACTION?

YES

PERFORM THE ACT\*

NO

STOP the accountability is not assumed?  
Notify Appropriate Person(s)

*\*With valid order when necessary, and in accordance with agency policies and procedures*

#### ADVISORY OPINION

Thank you for contacting the Washington State Nursing Care Quality Assurance Commission regarding nursing practice. The Nursing Commission is the agency responsible for licensure of registered nurses, licensed practical nurses and advanced registered nurse practitioners for Washington state.

Commission members as well as the Department of Health staff members who carry out the work of the Commission are not able to answer specific clinical scope of practice questions either on the telephone, via e-mail, or in writing. However, several resources have been developed and approved by the Commission to assist individual nurses to analyze and review their own questions.

Staff at the Commission office are available to listen to your questions so that appropriate materials can be supplied as you decide how best to proceed with your particular clinical situation.

Resources currently available are:

- Scope of Practice Decision Making Tree
- The Law Relating to Nursing (often referred to as the "Nurse Practice Act")
- Advisory opinions issued by the Commission which may be applicable to your issue
- Position statements issued by the Commission

Please note that the Washington State Nursing Care Quality Assurance Commission is a regulatory agency of the State of Washington. A large variety of professional nursing associations and health care organizations are active in this state and may be able to advise you about current practice. Additionally, many nurses have been assisted with practice questions after researching current nursing literature, by reviewing employee standard procedure manuals, and by consulting with their own organization's staff education offices.

If you feel you still need a response to your question, please contact the Commission office for a written advisory opinion request. Once the office has received your written request, the practice committee of the Commission will evaluate the request to determine whether or not the Commission will consider issuing a written advisory opinion.

3rd Annual

Caribbean



# Nursing Continuing Education Cruise

W W W . T H I N K A B O U T I T N U R S I N G . C O M

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Who said Continuing Education can't be fun? We are changing that forever. Join ThinkAboutItNursing and Poe Travel for a CE Cruise that will cure your overworked blues with some *salsa and sun* on board Carnival's "Valor". While you're soaking up the Caribbean culture, you can earn your annual CE credits AND write the trip off on your taxes. How is that for paradise?

Prices for this cruise and conference are based on double occupancy (bring your friend, spouse or significant other please!) and start as low as **\$868 per person** (not including airfare). If you won't be attending the conference, you can deduct \$75. A \$250 non-refundable per-person deposit is required to secure your reservation for the cruise, BUT please ask us about our **Cruise LayAway Plan**.



7 Day Eastern Caribbean Itinerary

DAY	PORT	ARRIVE	DEPART
Sun.	Miami		4:00 PM
Mon.	Nassau	7:00 AM	2:00 PM
Tues.	"Fun Day" at Sea		
Wed.	St. Thomas/St. John*	9:00 AM	8:00 PM
Thurs.	St. Maarten	7:00 AM	6:00 PM
Fri.	"Fun Day" at Sea		
Sat.	"Fun Day" at Sea		
Sun.	Miami	8:00 AM	

\*Optional shore excursion to St. John available

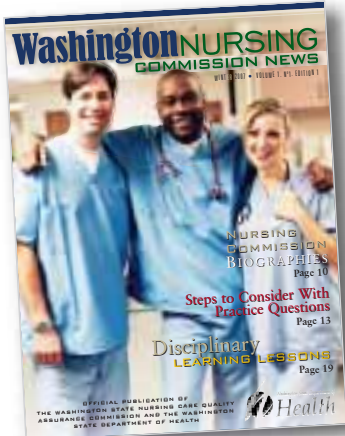


THE 2008 NURSING CARIBBEAN EDUCATION CRUISE

**APRIL 6 -13, 2008**

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# Grant Awards Announced!

BY LINDA TIEMAN RN MN CHE, EXECUTIVE DIRECTOR

## J&J PROMISE OF NURSING CAPACITY EXPANSION GRANT AWARDS ANNOUNCED!

\$225,000 from the J&J “Promise of Nursing for Washington” gala held on March 29, 2006 funded the following Washington State nursing school capacity expansion grants.

### Clark College, Vancouver

“LPN Program Planning Process” \$13,387  
Feasibility study to create an LPN program

### Clover Park Technical College, Lakewood

“Expanding Capacity & Access for Under represented Students via an Evening and Weekend Program” \$24,772

### Heritage University, Toppenish

“Video Capability for Heritage University Nursing Lab” \$20,900

### Highline Community College

“Simulation & Community-Based Learning for Clinical Nursing Education” \$25,000

### Renton Technical College

“Innovation for Today’s Diverse Students: PDA’s to augment language Development and nursing knowledge” \$24,800

### Renton Technical College

“Human Simulation for Today’s Diverse Students” \$18,384

### Seattle Pacific University

“Enhancement of Nursing Academic Teaching Capacity in Washington State” \$13,526

### Seattle University

“3 Day Workshop on Simulation Teaching” \$20,831

### Tacoma Community College

“Nursing Clinical Simulation Room” \$25,000

### University of Washington-Bothell

“Diversity Outreach to Increase Students from Underrepresented/Minority Populations” \$25,000

### Whatcom Community College

“Bridges to Nursing to Increase Graduation Rates for Underrepresented/Minority Students” \$13,400

*These grants were issued after a request-for-proposal process for which all approved nursing programs that educate nurses were eligible. Only proposals that would increase the numbers of nurses were considered, with an emphasis on innovation and increasing the numbers of RN’s and underrepresented/minority nurses. The reviewers were all active members of the “Promise” Steering Committee that supported the event and raised funds for nursing in our state.*

### Review Panel:

#### Victoria Fletcher MSN RN ARNP FACMN

Assistant Administrator for Clinician Services  
Planned Parenthood of Western Washington  
Seattle, WA

#### Karen Haase-Herrick MN RN

Immediate Past Executive Director  
Northwest Organization of Nurse Executives  
Seattle, WA

#### Troy Hutson JD RN

Executive Director  
Health Work Force Institute at the Washington State  
Hospital Association  
Seattle, WA

#### Alma Martinez MSN RN

Director, Home Care Services  
Prosser Memorial District Hospital  
Prosser, WA

#### Patty Mulhern MSN RN

Executive Director  
Visiting Nurse Service Northwest  
Seattle, WA

#### Suzanne Rector MSN RN

VP Patient Care  
Mid-Valley Hospital  
Omak, WA

#### Barbara Trehearne PhD RN

Executive Director for Nursing  
Group Health Cooperative  
Seattle, WA

# Disciplinary Actions

THE FOLLOWING FORMAL DISCIPLINARY ACTIONS WERE TAKEN BETWEEN JANUARY 1, 2006, AND DECEMBER 31, 2006 BY THE WASHINGTON STATE NURSING CARE QUALITY ASSURANCE COMMISSION. THE FULL TEXT OF CHARGING DOCUMENTS AND FINAL ORDERS MAY BE FOUND ON THE NURSING COMMISSION'S WEB SITE AT: [HTTPS://FORTRESS.WA.GOV/DOH/HPQA1/HPS6/NURSING/DEFAULT.HTM](https://fortress.wa.gov/doh/hpqa1/hps6/Nursing/default.htm) UNDER THE PROVIDER CREDENTIAL SEARCH

FORMAL DISCIPLINARY ACTIONS FOLLOW DUE PROCESS. THIS INCLUDES AN OPPORTUNITY TO A HEARING, SETTLEMENT NEGOTIATIONS AND THE OPTION, IF APPROPRIATE, OF AN ALTERNATIVE TO DISCIPLINE IN CASES OF CHEMICAL DEPENDENCY

RCW 18.130.110(2) REQUIRES THE NURSING COMMISSION TO REPORT ON STATEMENT OF CHARGES AND FINAL ORDERS TO NURSES, NURSING ORGANIZATIONS AND THE PUBLIC. THIS NEWSLETTER IS JUST ONE WAY TO MEET THIS MANDATE.

LICENSEE	DATE OF ACTION	DISCIPLINE	VIOLATION
Susan Combe RN	01/13/06	Suspension of license	Diversion of controlled substances
Bert S. Wait LPN	01/13/06	Revocation of license	Sexual misconduct
Carolyn F. Oliver LPN	01/13/06	Suspension of license	Violation of or failure to comply with licensing board order
Patrice M. Person RN	01/13/06	Suspension of license	Narcotics violation or other violation of drug statutes
Guylin M. Johnston LPN	01/13/06	Revocation of license	Sexual misconduct
Ann N. Martin RN	01/17/06	Probation of license	Diversion of controlled substance
Nichole E. Nichols RN	01/17/06	Monitor	License revocation, suspension or other disciplinary action taken by a federal, state or local licensing authority
Elzbieta E. Archibald LPN	01/17/06	Probation of license	Incompetence
Helenita Y. Robb LPN	01/17/06	Probation of license	Narcotics violation or other violation of drug statutes
Linda L. Wayman-Davis RN	01/17/06	Probation of license	Violation of or failure to comply with licensing board order
Signa G. Anderson RN	01/17/06	Fine/monetary penalty	Practicing without a valid license
Lucy M. Ulbrickson RN	01/17/06	Probation of license	Incompetence
Randall M. Brower RN	01/18/06	Suspension of license	License revocation, suspension or other disciplinary action taken by a federal, state or local licensing authority
Nancy J. Hosko-Leigh LPN	01/18/06	Suspension of license	Narcotics violation or other violation of drug statutes
Matthew G. Skews RN LPN	01/18/06	Revocation of licenses	Violation of or failure to comply with licensing board order
Carrie L. Brewer LPN	02/01/06	Suspension of license	Violation of federal or state statutes, regulations or rules
Nancy J. Olson RN	02/03/06	Suspension of license	Misleading, false or deceptive advertising or marketing
Jeffrey J. Smith RN	02/23/06	Revocation of license	Criminal conviction
Diane L. Sarno RN	02/23/06	Suspension of license	Diversion of controlled substance
Lynn A. Paddock RN	02/28/06	Suspension of license	Violation of or failure to comply with licensing board order
Lorraine L. Walden RN	03/02/06	Suspension of license	License revocation, suspension or other disciplinary action taken by a federal, state or local licensing authority
Christina F. Jackson RN	03/06/06	Suspension of license	Diversion of controlled substance
Paula M. Fry RN	03/06/06	Suspension of license	Failure to cooperate with the disciplining authority
Cynthia D. Gates LPN	03/09/06	Suspension of license	Diversion of controlled substance
Mary E. Coomes RN	03/17/06	Probation of license	Violation of federal or state statutes, regulations or rules
Marc A. Neuy RN	03/17/06	Suspension of license	Violation of or failure to comply with licensing board order
Jacqueline Thomason -Velasquez RN LPN	03/17/06	Suspension of licenses	Violation of or failure to comply with licensing board order
Matthew R. Yoo RN	03/17/06	Revocation of license	Criminal conviction
Judith Derby RN ARNP	03/17/06	Suspension of licenses	Violation of or failure to comply with licensing board order

Mary E. Coomes RN	03/17/06	Probation of license	Violation of federal or state statutes, regulations or rules
Therisa G. Carlson RN LPN	03/22/06	Revocation of licenses	Criminal conviction
Claudette M. Kaplan LPN	04/19/06	Revocation of license	License revocation, suspension or other disciplinary action taken by a federal, state or local licensing authority
Charlotte M. Kemble LPN	04/20/06	Suspension of license	Immediate threat to health or safety
Roger D. King LPN	04/20/06	Suspension of license	Violation of or failure to comply with licensing board order
Mary M. Luty RN	04/21/06	Monitor	Diversion of controlled substance
Tamara R. Thurlow RN	04/24/06	Probation of license	Violation of or failure to comply with licensing board order
Sasha E. Slayton RN	04/26/06	Suspension of license	Incompetence
Patricia A. Reiber RN	05/10/06	Suspension of license	Unable to practice safely
David Aviles LPN	05/15/06	Revocation of license	Immediate threat to health or safety
Cynthia M. Dove RN	05/30/06	Probation of license	Diversion of controlled substance
Alice C. Gongora LPN	05/30/06	Suspension of license	Violation of or failure to comply with licensing board order
Anne M. Erickson LPN	05/30/06	Suspension of license	Diversion of controlled substance
Patricia A. Doyle LPN	05/30/06	Probation of license	Verbal abuse and/or insensitive
John L. Wells RN	06/06/06	Suspension of license	Narcotics violation or other violation of drug statutes
Cindy J. Johnson RN	06/22/06	Suspension of license	Diversion of controlled substance
Richard L. Haynes RN	06/23/06	Suspension of license	Violation of or failure to comply with licensing board order
Arthur E. Davenport RN	06/23/06	Suspension of license	Narcotics violation or other violation of drug statutes
Cliff L. Murray RN	06/23/06	Suspension of license	License revocation, suspension or other disciplinary action taken by a federal, state or local licensing authority
Janet L. Sparkes-Norstadt RN	06/23/06	Suspension of license	Error in prescribing, dispensing, or administering medication
Lysa R. Hulderson RN	06/23/06	Suspension of license	Violation of or failure to comply with licensing board order
Karen M. Reichardt RN	07/12/06	Probation of license	Practicing beyond the scope of practice
Karyn M. Meeker RN	07/14/06	Suspension of license	Narcotics violation or other violation of drug statutes
Kelli K. Phillips RN	07/14/06	Suspension of license	Incompetence
Loretta I. Antoine RN	07/21/06	Suspension of license	Student loan default
Richard W. Gano RN	07/26/06	Suspension of license	License revocation, suspension or other disciplinary action taken by a federal, state or local licensing authority
Karen L. Said RN	08/01/06	Compliance	Current misuse of controlled substances and legend drugs
Nancy B. Daigneault RN	08/01/06	Compliance	Criminal conviction
Beverly C. Muhammad LPN	08/01/06	Suspension of license	Violation of or failure to comply with licensing board order
Mary T. Nolen RN	08/01/06	Compliance	Current misuse of controlled substances
Brandy M. Schneider LPN	08/02/06	Suspension of license	Violation of or failure to comply with licensing board order
Tanya C. Edge RN	08/08/06	Suspension of license	Violation of or failure to comply with licensing board order
Terrie L. Warner LPN	08/09/06	Suspension of license	Violation of or failure to comply with licensing board order
Christine E. Taylor RN	08/09/06	Suspension of license	Violation of or failure to comply with licensing board order
Lynn D. Farrell LPN	08/15/06	Suspension of license	Violation of or failure to comply with licensing board order
Debra M. Spencer RN	08/16/06	Suspension of license	Diversion of controlled substance
Amy M. Hardin RN	08/16/06	Suspension of license	License revocation, suspension or other disciplinary action taken by a federal, state or local licensing authority
Sarah E. Glasscock RN	08/24/06	Stipulations	Substandard or inadequate care
Steven E. Trujillo LPN	08/24/06	Revocation of license	Immediate threat to health or safety
Dana L. Noble RN	08/25/06	Probation of license	Unprofessional conduct



Sabrina Bird LPN	08/29/06	Suspension of license	Criminal conviction
Laurie R. Kiss RN	08/29/06	Suspension of license	Violation of or failure to comply with licensing board order
Michael J. Sahlie RN	08/29/06	Suspension of license	Violation of or failure to comply with licensing board order
Jessie A. Hollins LPN	08/29/06	Suspension of license	Violation of or failure to comply with licensing board order
Lorri L. Champion RN	08/29/06	Probation of license	Criminal conviction
Paramjyoti Paramjyoti LPN	08/29/06	Suspension of license	Violation of or failure to comply with licensing board order
Thomas C. Johnson LPN	09/08/06	Suspension of license	Violation of or failure to comply with licensing board order
Lisa A. Winegardner RN	09/12/06	Suspension of license	Narcotics violation or other violation of drug statutes
Barbara L. Marshall RN	09/12/06	Suspension of license	Violation of or failure to comply with licensing board order
Michael J. Bradford RN	09/18/06	Revocation of license	Diversion of controlled substance
Shubulola T. Johnson LPN	09/19/06	Suspension of license	Incompetence
Stephanie L. Henzel LPN	09/26/06	Suspension of license	Violation of or failure to comply with licensing board order
Karen S. Green LPN	09/26/06	Fine/monetary penalty	Incompetence
Tamara M. Perry RN	09/26/06	Suspension of license	Violation of or failure to comply with licensing board order
Jeanine M. Walters RN	09/27/06	Suspension of license	License revocation, suspension or other disciplinary action taken by a federal, state or local licensing authority
Criss J. Helms RN	09/27/06	Suspension of license	License revocation, suspension or other disciplinary action taken by a federal, state or local licensing authority
Gilbert L. Taddei LPN	10/03/06	Revocation of license	Criminal conviction
Gregory Hallen RN	10/06/06	Revocation of license	License revocation, suspension or other disciplinary action taken by a federal, state or local licensing authority
Diane E. Young-Ackley RN LPN	10/10/06	Revocation of licenses	License revocation, suspension or other disciplinary action taken by a federal, state or local licensing authority
Nancy L. Barnett LPN	10/10/06	Revocation of license	Criminal conviction
Gary V. Reams LPN	10/24/06	Revocation of license	Immediate threat to health or safety
Tsitsi E. Smith LPN	10/26/06	Fine/monetary penalty	Violation of federal or state statutes, regulations or rules
Hope D. Bonell LPN	10/26/06	Probation of license	Violation of federal or state statutes, regulations or rules
Iris E. Rottner LPN	10/26/06	Suspension with stay	Incompetence
Carlotta G. Martinson RN	10/26/06	Suspension of license	Violation of or failure to comply with licensing board order
Dale A. Neel RN	11/09/06	Summary suspension	Sexual misconduct
Debbie L. Jones LPN	11/16/06	Revocation of license	Misrepresentation of credentials
Julie Totzek-Denison RN	11/20/06	Suspension of license	Unable to practice safely
Brenda K. Holden LPN	11/20/06	Probation of license	Violation of federal or state statutes, regulations or rules
Collette E. Matthews RN	11/20/06	WHPS monitoring program	Narcotics violation or other violation of drug statutes
Lisa K. Bailey RN	11/20/06	Revocation of license	Practicing without a valid license
Thomas J. Cushing LPN	11/21/06	Revocation of license	Criminal conviction
Max D. Whipple RN	12/05/06	Suspension of license	Incompetence
Daniel A. Spiewak LPN	12/05/06	Suspension of license	Violation of or failure to comply with licensing board order
Cynthia F. Peterson LPN	12/07/06	Suspension of license	Violation of or failure to comply with licensing board order
Mimi O. Etherington LPN	12/12/06	Suspension of license	Violation of or failure to comply with licensing board order
Linell M. Jones RN	12/12/06	Suspension of license	Violation of or failure to comply with licensing board order
Susan H. McGrady LPN	12/12/06	Suspension of license	Violation of or failure to comply with licensing board order
Patricia A. Foley RN	12/14/06	Suspension of license	Diversion of controlled substance
Theresa G. Satiacum RN	12/19/06	Suspension of license	License revocation, suspension or other disciplinary action taken by a federal, state or local licensing authority
Dena G. Garcia RN	12/28/06	Suspension of license	License revocation, suspension or other disciplinary action taken by a federal, state or local licensing authority



## PROFILE IMMUNIZATION REGISTRY:

# A TOOL IN THE ASSESSMENT ARSENAL

BY: JANNA BARDI, MPH, MANAGER, DEPARTMENT OF HEALTH

School nurses play an increasingly pivotal role in protecting all children in Washington State against vaccine preventable diseases. This role has grown much more complex in recent years. The statewide immunization registry, available to school districts across the state, provides valuable access to records for most of Washington's children.

(OSPI), the department piloted registry access with school districts in Grant County in 2004. The pilot results show that broader access to records saves resources, time and energy for school staff and nurses. It provides a clearer picture of the immunization status of children in schools and frees up time for busy school staff. They liked being able to quickly find

It was not simple to extend access to districts across the state. Because of limited resources, the project took low-key approach to expand registry use. Information was put onto a web site [www.childprofile.org](http://www.childprofile.org) that includes a step-by-step guide, as well as a training video. The project shared information about the available website at conferences and by word of mouth. This was designed to gradually increase the number of school districts participating.

By March, 91 Districts had signed agreements allowing them access to the Registry. This represented 27 counties and over 800 users.

Based on feedback by survey, email and telephone, people like the new approach. Initially, some districts had technical difficulties, but most have been resolved. The main challenge is in communities where not all health care providers submit data to the immunization registry. CHILD Profile staff work actively to encourage participation. They provide training and assistance on the electronic data exports.

By March, 72% of providers in the state were using the registry. School personnel serve as ambassadors to providers by explaining the importance of having their data to assure children are protected from vaccine preventable diseases.



Historically, only health care providers could use the Washington State Immunization Registry (CHILD Profile). The Washington State Department of Health conducted a legal and policy review and determined that school nurses and staff assigned by school nurses can access the registry, using appropriate confidentiality protocols.

With input from Office of the Superintendent of Public Instruction

patient records and print a completed Certificate of Immunization Status form.

Recommendations from the pilot included:

- Allow schools "view-only" access.
- Require staff to review confidentiality policy and sign an agreement form.
- Be sure staff understand that registry access is meant to facilitate, not replace, parent reporting.

# POSITION STATEMENT:

## ADMINISTRATION OF BOTOX AND THE ROLE OF LICENSED NURSES

Botulinum Toxin Type A is a protein produced by the bacterium *Clostridium botulinum*. When used in medical settings as an injectable form of sterile, purified botulinum toxin, small doses of the toxin are injected into the affected muscles and block the release of the chemical acetylcholine that would otherwise signal the muscle to contract. The toxin thus paralyzes or weakens the injected muscle. **This statement refers only to the use of Botox® for cosmetic purposes and is not to be construed for any other medical uses or medical setting.**

The Washington State Nursing Commission recognizes the use of Botox® for cosmetic purposes has increased dramatically since its release by the US Food and Drug Administration in April 2002. According to the American Society for Dermatologic Surgery, Botox® injection for the treatment of frown lines and “crows feet” is the fourth most common cosmetic procedure. Botox® is administered as an intramuscular injection into specific muscle groups in the forehead, glabellar area and, around the eyes to smooth out lines and wrinkles.

Botox® injection procedures are within the scope of nursing for a Registered Nurse and a Licensed Practical Nurse provided the following guidelines are followed:

1. The nurse is competent to perform the procedure, and has the documented and demonstrated knowledge, skill, and ability to perform the procedure pursuant to WAC 246-840-700 (4).
2. There are agency policies and procedures and any required protocols in place for the nurse to perform the procedure.
3. The nurse is in compliance with licensure or certification by any other regulatory body (other than the Washington State Nursing Care Quality Assurance Commission) and has met all requirements established by any other regulatory agency which has authority over the procedure.
4. The nurse maintains accountability and responsibility for nursing care related to the procedure and follows the accepted standard of care which would be provided by a reasonable and prudent nurse.
5. Clients have granted informed consent. In obtaining informed consent for a nursing intervention, the nurse shall provide the patient/client/family with the nature and consequences of any procedure, the reasonable risks (if any), possible side effects, benefits, and purposes of the procedure and any alternative procedures available.
6. The use of any of these procedures does not authorize



the licensed nurse to diagnose or prescribe.

The procedure is not performed independently. It is authorized pursuant to RCW 18.79.260, 18.79.270 and is performed under the direct supervision of a physician who is present at the site where the procedure is performed and has the knowledge, skill, and ability to per-

**BOTOX® IS ADMINISTERED AS  
AN INTRAMUSCULAR INJECTION  
INTO SPECIFIC MUSCLE  
GROUPS IN THE FOREHEAD,  
GLABELLAR AREA AND,  
AROUND THE EYES TO SMOOTH  
OUT LINES AND WRINKLES.**

form the procedure. Because it is within the scope of practice for a registered nurse and a licensed practical nurse to execute the medical orders from a licensed physi-

cian, the physician must be properly trained in cutaneous medicine and surgery, and in the administration of Botox® for cosmetic purposes.

Nurses accepting these orders shall show appropriate training in anatomy of the facial musculature, proper administration, possible side effects, and post procedure care for the safety and well being of the patient. It is the responsibility of the physician to be aware of the extent of training and the ability of the nurse to competently perform the injections and meet the standard of care for the procedure.

The nurse may administer the treatment only after the physician has assessed the patient and a plan of treatment has been determined. This plan shall include, but not be limited to the location for injections; dosage, post procedure care and possible follow up.

Nurses performing this procedure shall be working under direct supervision of a licensed physician, who is immediately available at the time of the procedure for any further consultation and management of any potential adverse events.



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**We are seeking experienced Registered Nurses** in all areas of acute care hospital nursing, especially in our expanding cardiac service line. Harrison places among the top 10 percent of all hospitals nationally for cardiac surgery as recently ranked best in Washington for cardiac surgery according to a comprehensive study released by HealthGrades, the nation's leading healthcare ratings company.

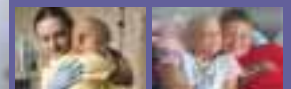
We invite you to bring your career to an environment where talent is rewarded and new ideas are encouraged. We offer a true commitment to meeting the needs of patients and their families. We value diversity and it is expressed in all aspects, from the patients and families we serve to our organizational culture and our employees. If you would like the chance to do some of your best work in a supportive and fun environment- we have an excellent opportunity waiting for you. Candidates are encouraged to complete an online application.

*"We make a positive difference in people's lives through exceptional medical care"*

**Your respect. Your passion.**



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At **Children's Hospital & Regional Medical Center in Seattle, WA**, we proudly provide a full spectrum of services – from research and teaching to child advocacy and specialty care. It's no wonder we've been consistently recognized as one of the country's best children's hospitals by *U.S. News & World Report* magazine. Join us today.

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We offer excellent pay and benefits, retirement plans, opportunities for career advancement, paid training days, certification pay and so much more. For immediate consideration, apply online at [www.seattlechildrens.org/jobs](http://www.seattlechildrens.org/jobs) or call our **Nurse Recruiter** at **1-800-874-6691**. EOE.

**Children's**  
Hospital & Regional Medical Center



# Is There a Doctorate in Your Future?

BY DR. SUSAN WOODS AND CHRISTINE NOYES, DNP PROGRAM COORDINATOR

The Doctor of Nursing Practice (DNP) is now being offered at the University of Washington School of Nursing. Nursing colleges across the nation are moving toward the doctoral level for advanced practice programs. This is happening at both the University of Washington and Washington State University, which is developing both a PhD and DNP program.

It has taken many years of nationwide meetings to create the doctoral program. The process has led to an overall

...HELP THEM GAIN  
KNOWLEDGE OF  
LEADERSHIP,  
HEALTH  
POLICY,  
AND HOW TO  
APPRAISE AND  
TRANSLATE  
EVIDENCE IN  
PRACTICE.



vision for nursing education. In October, 2004, the American Association of Colleges of Nursing (AACN) recommended to all colleges – and member colleges agreed – that a DNP be the degree for advanced practice nurses.

“This courageous move on the part of nursing education

represents a milestone in the evolution of the nursing profession,” said Jean Bates, president of AACN. “This bold step puts in motion a future that recognizes and validates the unique expertise of nurses engaged in clinical practice at the highest level.”

In 2006, the AACN established eight Essentials of Doctoral Education for Advanced Nursing Practice (<http://www.aacn.nche.edu/DNP/pdf/Essentials.pdf>). The University of Washington Seattle campus has used these eight essentials to advance its masters program into the DNP program and prepare advanced practice nurses for current and future healthcare demands:

- 1) Scientific Underpinnings for Practice
- 2) Organizational and Systems Leadership for Quality Improvement and Systems Thinking
- 3) Clinical Scholarship and Analytical Methods for Evidence-Based Practice
- 4) Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care
- 5) Health Care Policy for Advocacy in Health Care
- 6) Inter-professional Collaboration for Improving Patient and Population Health Outcomes
- 7) Clinical Prevention and Population Health for Improving the Nation's Health
- 8) Advanced Nursing Practice

The UW DNP program welcomes students focusing on nurse practitioner, clinical nurse specialist, nurse midwifery, and community health roles.

HOW WILL THE DNP DEGREE CHANGE THE EDUCATION OF ADVANCED PRACTICE NURSES?

DNP programs will be approximately three years versus one to two years for a masters. All students seeking certification will have a minimum of 1,000 hours of clinical compared to the current requirement of 500 hours. Because advanced practice nurses hold key leadership positions in hospital management and health policy, leadership preparation is also needed. Thus, during their last year in the pro-

gram, DNP students work collaboratively with an institution to examine a clinical question of practical importance to the sponsoring agency, organization, or defined community. They complete a capstone project --as opposed to a dissertation, as in a PhD program -- as a result.

#### WHAT DOES THE DNP DEGREE MEAN FOR CURRENTLY PRACTICING ADVANCED PRACTICE NURSES?

In the future, advanced practice nurses will need to have completed a DNP in order to be certified in advanced practice. Currently certified advanced practice nurses will be “grandfathered in”, much as certified advanced practice nurses were when nursing transitioned to requiring masters preparation for advanced practice. However, DNP programs are being created to allow masters-prepared nurses to return to school. This would help them gain knowledge of leadership, health policy, and how to appraise and translate evidence in practice.

#### WHAT TEACHING OPPORTUNITIES WILL DNPs HAVE?

With the current and future nursing shortage, there is a

continuing need for nursing educators. DNP graduates will be able to teach as instructors at community colleges, as clinical faculty members at schools like the University of Washington and Washington State University, and as clinical preceptors for all levels of nursing education. The eligibility of DNP-prepared nurses to apply for tenure-track positions at four-year colleges and universities will be determined by each school.

#### WHERE CAN I GET MORE INFORMATION ABOUT THE DNP?

For more information regarding the University of Washington DNP program, visit <http://www.son.washington.edu/eo/dnp.asp>. For a list of schools with new or developing programs across the country, visit <http://www.aacn.nche.edu/DNP/index.htm>.

While practice doctorates in nursing are not new, the DNP degree is new. It presents an exciting opportunity for the nursing profession to look at the current and potential roles of advanced practice nurses.



## Making the Move a Bit Easier

BY TERRY J. WEST

### NEW LICENSE VERIFICATION PROCESS.

In April, Washington joined a nationwide database run by the National Council of State Boards of Nursing. It contains nurse licensing and disciplinary information. The data are provided by boards of nursing and are available to other boards of nursing for purposes of evaluating new applicants for licensure by endorsement. This system is called Nursys®. For a flat fee of \$30, a nurse can have his or her licensure information made available to all 37 participating states.

### DOES THIS CHANGE ANYTHING FOR ME?

In the past, a nurse who was moving had to pay each state where he or she had been licensed. That would cover the cost of having the paper license verification form completed and mailed to the new state. Now it can all be done with one fee and speedy service.

### HOW DO I GET A LICENSE VERIFICATION SENT NOW?

Go to the web site at: <http://www.nursys.com> and download the license verification instructions. If the states where you were previously licensed are listed, there is only one fee . Payment can be made by credit card or by mail.

# A VIEW FROM A MALE NURSE

BY DENNIS F. BROWN,  
BSN, RN



Early in my career I was asked on a regular basis, "How long have you been a male nurse?" I focused on male and replied, "All my life." Twenty years later I still answer the question the same way.

I began my nursing career with an unusual perspective. My maternal grandfather was a Quaker. As a physician he served in both World War I and II. He upheld his Quaker beliefs and still served his country. My maternal grandmother was trained as a nurse in the Catholic hospital system. They met at Jefferson Medical Center in Philadelphia, PA.

As the eldest male child, I was expected to follow in my grandfather's footsteps and pursue a career as a doctor. As a teenager, I was shepherded by my grandfather to social functions for alumni from Harvard and Jefferson Medical College. This socialization was a prerequisite to acceptance into their physician world. However, I realized achieving the goals established by my family left little room for my interests. In a typical teenage response to

family pressure, I entered college as an English major. I went into the Army in 1969, leaving the medical world far behind.

Fast forward to 1982 and I am 35 years old. I have three different careers behind me, including time in law enforcement. I wonder what to do next. Some of the soccer and scout moms I meet are nurses and they all like their careers. I begin talking to them to find out what was so special about nursing. Each one said it differ-

ently, but all of them liked the direct contact with people and the sense that they made a difference. I was hooked.

I started night classes at a community college and in 1984 was accepted into the nursing program at Seattle University. I was now a minority in a female-dominated society. The 1980s were a time of nursing shortages and social change, but I encountered boundaries as a male nurse. As a male student, I was sometimes greeted with suspicion by patients and other staff.

## SUGGESTIONS FOR ALL NURSES:

- TAKE TIME TO COMMUNICATE
- WHEN IN DOUBT ABOUT WORKING ALONE IN A SITUATION, GET ASSISTANCE
- ALL MISUNDERSTANDINGS ARE A RESULT OF SOMEONE'S PERCEPTION
- TREAT EVERY PATIENT, MALE AND FEMALE, NO MATTER WHAT THE PATIENT'S AGE, AS THOUGH HE OR SHE WAS YOUR ELDERLY GRANDMOTHER
- MOST IMPORTANTLY - USE COMMON SENSE

In some teaching rotations, I was asked to assist with procedures because I was male. In June 1987, I was one of three men in a graduating class of 100 students.

I chose to work as a cardiovascular ICU nurse and have additional experience in medical-surgical ICU and emergency medicine. I now work for the Washington State Department of Health as an investigator where I use my two degrees, criminal justice and nursing.

As a nurse, I enjoyed the trust of patients, families and co-workers. I

**I ENJOYED TRAINING NEW NURSES,  
CARING FOR CRITICALLY ILL PATIENTS  
AND PROVIDING SUPPORT FOR  
PATIENTS, FAMILIES AND CO-WORKERS.**

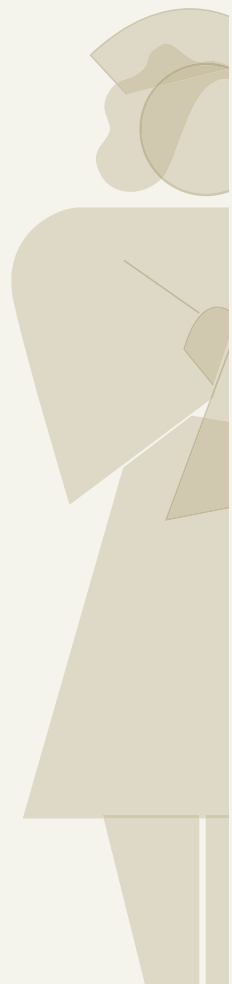
worked with many other health care professionals as a team member on multidisciplinary projects. I enjoyed training new nurses, caring for critically ill patients and providing sup-

port for patients, families and co-workers. In short, I have come to

understand fully what those soccer and scout moms really meant.

I recognize that by maintaining professionalism I have avoided pitfalls.

WCN  
WC



## Washington Center for Nursing (WCN) UPDATE

BY LINDA TIEMAN, MN, CHE, RN, EXECUTIVE DIRECTOR

We have a new report on the nursing work force from the UW Center for Health Workforce Studies. A first for Washington, “Supply & Demand in Nursing through 2025” gives employers, educators, legislators, and other stakeholders a picture of the future for the LPN, RN, and ARNP workforce.

The new RN study on under represented and minority new graduates’ shift from student to novice professional is also progressing. We’re identifying the elements of successful transition (“residency” or “internship”) programs to help create a tool kit for anyone hiring new RN graduates.

Our “RN Applicant Pool” initial analysis indicates we have approximately 26% more applications than individuals applying for our RN programs. In 2005, ~1,000 qualified applications were not accepted due to capacity limits. Now we know that actually translates to ~750 individuals not being accepted that had applied to one or more schools. This helps guide us on how much to increase our RN program capacity to help reduce the shortage of RN’s. This will be valuable in creating a Master Plan for Nursing Education in WA State, work that is being led by the Council on Nursing Education in WA State (CNEWS).

Retention is the other side of the workforce equation. We are gathering data on successful retention practices in Washington State. We held forums for nurses in Spokane and Yakima in 2006 to ask nurses what is working and what needs to change in recruitment, retention, and the professional workplace environment. Vancouver and another site in western Washington will be scheduled this year.

We continue to work with other workforce and health care organizations across the state to address the critical nursing workforce issues. Go to [www.WACenterforNursing.org](http://www.WACenterforNursing.org) for the latest information. “It’s about Washington’s Health.”



# INTERVENTION *Cuts Back on the Fumes*

REFER PATIENTS TO TOBACCO QUIT LINE FOR FREE CESSATION SUPPORT

BY MARY C. SELECKY, SECRETARY OF HEALTH



While many patients know that smoking and using spit tobacco can be harmful to their health, they may not be aware of the free cessation services available to everyone in Washington State. One of the best things a health care provider can do for patients who use tobacco is make sure they know the benefits of quitting and where they can get help.

A recent study by Partnership for Prevention found that intervening with smokers is one of the three most valuable preventive health services a health care provider can offer, both in terms of saving lives and improving quality of life. The study also discovered that many Americans are not receiving preventive services.

In Washington, the Tobacco Quit Line, funded by the Washington State Department of Health, offers free cessation services to all residents over the age of 18, and provides free nicotine replacement therapy to eligible Medicaid recipients, people who are uninsured and those receiving services through the Indian Health Care system. The quit line also offers tailored quit support for pregnant women who smoke.

Since the quit line started six years ago, more than 80,000 people in our state have called for help, doubling their chance of quitting successfully. Callers talk with a quit coach who provides helpful advice and easy-to-follow informational materials.

You can help with this important work. I hope you'll consider taking a few minutes to talk with your patients who smoke about the resources available. Here are some tips for a quick intervention:

- Encourage patients to call the toll-free Tobacco Quit Line at 1-800-QUIT-NOW (784-8669), or in Spanish, 1-877-2NO-FUME (266-3863).
- Direct patients to [www.quitline.com](http://www.quitline.com) for quit tips and



useful information.

- Order quit line materials for patients, including reference cards and brochures, at [www.prt.wa.gov](http://www.prt.wa.gov).

You will also find a lot of good information on the Department of Health Web site ([www.doh.wa.gov](http://www.doh.wa.gov)) about quitting smoking, our other tobacco prevention work, and many other health topics including immunization and pandemic influenza.

Through the efforts of health care professionals, local health care agencies, community organizations, the Washington State Department of Health and many others, the smoking rate in Washington has decreased significantly. The adult smoking rate has dropped to 17.8 percent; that's a 21 percent decrease since 1999. Smoking among 10th graders has dropped by almost half over the same time period.

While great progress has been made, tobacco use is still the number one cause of preventable death in the state and tobacco-related diseases continue to drain health care resources.

Please talk with your patients about quitting smoking and join with us in making Washington a safer and healthier place to live.

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# ARNP CORNER

BY MARIANN WILLIAMS, MPH, MSN, ARNP

Clark College is a comprehensive community college located in lovely Vancouver in Southwest Washington that provides excellent courses for transfer and professional technical programs. We are now accepting applications for two tenure-track Nursing Instructors to teach medical-surgical and physical assessment concepts in the classroom, lab, and clinical settings to students. This is an excellent opportunity to work with creative and innovative faculty, using new technology while working in a state of the art simulation lab.

Closing date February 26, 2007.

Position responsibilities and requirements are delineated in position announcement found on our website at [www.clark.edu/jobs](http://www.clark.edu/jobs) or contact Clark College Human Resources at (360) 992-2105; TDD (360) 992-2317. EOE/AA EMPLOYER.

Washington State is one of a few states where nurse practitioners have independent practice and are regulated solely by a Board of Nursing. In Washington, the Board is the Nursing Care Quality Assurance Commission (NCQAC).

The standardization of nurse practitioner education, practice, and regulation is a hot topic nationally. This is a big goal given the diversity of state laws regarding advanced practice. Imagine moving from Washington with our current laws and rules to State 'X' where nurse practitioners must be supervised, have charts signed by physicians and may not prescribe medication based on their own license.

Both the National Council of State Boards of Nursing (NCSBN) and the American Nurses Association have begun to identify areas of agreement regarding education, practice and regulation. The NCSBN recog-

nizes the following:

- The Board of Nursing should be the sole regulator of advanced nursing practice.
- Advanced practice roles include: nurse midwives, nurse anesthetists, and advanced practice RNs.
- Boards of Nursing approve advanced practice education programs for licensing purposes.
- All education programs leading to advanced practice nursing will meet established guidelines.
- Requirements for licensure as an advanced practice nurse include successful completion of a core nurse practitioner exam.
- Evidence of continuing competency is required for license renewal.
- Fully licensed advanced practice registered nurses are independent practitioners without the requirement of additional supervision.

Washington nurse practitioner laws now address most of these areas and make this a great state in which to work in advanced practice!

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# NURSING NEWSLETTER SURVEY

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SHORT SURVEY ABOUT TOPICS AND ADVERTISING FOR THE WASHINGTON NURSING COMMISSION NEWS. IF YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CONTACT TERRY WEST AT (360) 236-4712 OR TERRY WEST AT THE DEPARTMENT OF HEALTH, PO BOX 47864, OLYMPIA, WA 98504. YOUR INPUT WILL HELP TO DETERMINE THE CONTENT OF FUTURE EDITIONS. THE NEWSLETTER WAS PREPARED IN PARTNERSHIP WITH PCI PUBLISHING. THERE IS NO COST TO NURSES OR TO THE DEPARTMENT OF HEALTH FOR THIS PUBLICATION.

1. How would you rate the following categories of the newsletter overall:

RATING	GOOD		AVERAGE		POOR
	1	2	3	4	5
PRESENTATION					
TIMING					
INFORMATION					
ARTICLES					
ADVERTISEMENTS					

2. What is your opinion of the nursing related advertisements in the newsletter?

- ☐ APPROPRIATE
- ☐ INAPPROPRIATE
- ☐ NEUTRAL
- ☐ OFFENSIVE

3. How useful did you find the newsletter?

- ☐ VERY USEFUL AND INFORMATIVE
- ☐ SOMEWHAT USEFUL AND INFORMATIVE
- ☐ GLANCED AT IT
- ☐ DID NOT READ IT

4. Which articles did you find most relevant or helpful? (Please check all that apply)

DISCIPLINARY ACTION BY THE NURSING COMMISSION	<input type="checkbox"/>
CHAIR OF THE COMMISSION	<input type="checkbox"/>
EXECUTIVE DIRECTOR CORNER	<input type="checkbox"/>
ARNP CORNER	<input type="checkbox"/>
MALE NURSE PERSPECTIVE	<input type="checkbox"/>
SMOKING CESSATION OR OTHER DEPARTMENT OF HEALTH UPDATES	<input type="checkbox"/>
NURSING SHORTAGE - WASHINGTON NURSING RESOURCE CENTER	<input type="checkbox"/>
LICENSING STATISTICS	<input type="checkbox"/>
OTHER ACTIVITIES:	

5. What topics would you like to see in future editions?

6. How could we improve the quality of the newsletter?

7. Would you like to continue receiving this newsletter by mail in printed form? ☐ YES ☐ NO

8. Are there any additional comments you would like considered?

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